

**South Dakota Office of Rural Health
Health Career Programming Grant Application**

I. Applicant Information

| | | | |
|---|--|---------------|--|
| Facility Name: | | Phone Number: | |
| Address: | | Fax Number: | |
| Administrator/CEO: (or CEO designee) | | Email: | |

II. Project Description/ Narrative

In one page or less describe proposed activities outlined on the attached grant document. Activities must be completed by **August 31, 2009**

III. Budget (Not to exceed \$2,000)

| Category | Amount |
|---|--------|
| 1) To be expended on education materials and curriculum in local schools. Please explain in detail. | \$ |
| 2) To be expended on career promotional materials in communities. Please explain in detail. | \$ |
| 3) To be expended on defraying staff time and related expenses to implement health career programming in local schools. Please explain in detail. | \$ |
| 4) Other. Please explain. | \$ |